

## APPLICATION TO DEACTIVATE A FUND

Agency: \_\_\_\_\_ Business Area #: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Official Name of Fund: \_\_\_\_\_

Purpose for Deactivation: \_\_\_\_\_

Legal Authority: \_\_\_\_\_

**Fund Number to deactivate (10 digits):** \_\_\_\_\_

Fund Application/Functional Area (6 digits): \_\_\_\_\_

Program Number/Functional Area (8 digits): \_\_\_\_\_

**Fund Number to transfer Residual Balances to:** \_\_\_\_\_

(Such as assets, liabilities, expenses, revenue & fund balances)

Fund Application/Functional Area (6 digits): \_\_\_\_\_

Program Number/Functional Area (8 digits): \_\_\_\_\_

Contact for questions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Head

Phone Number: \_\_\_\_\_

### FOR DFA USE ONLY

Deactivation Approved \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DFA/OFM Signature \_\_\_\_\_ Date \_\_\_\_\_